

Draper (J.)

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By J. DRAPER, M. D.,

Superintendent of the Asylum for the Insane, Brattleboro, Vermont.

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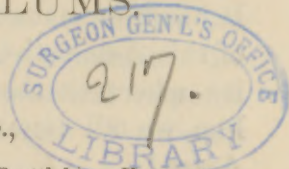
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THE RESPONSIBILITY OF THE INSANE, IN ASYLUMS.*

BY J. DRAPER, M. D.,

Superintendent of the Asylum for the Insane, Brattleboro, Vermont.



I have selected, as the subject of this paper, The Responsibility of the Insane, in Asylums. In other words, it may be designated an inquiry in respect to the responsibility of the insane, while subject to the duress and regulations of an asylum or hospital for treatment. It is an aspect of the great question of mental responsibility, from the standpoint in which we see the most of it; but so far as my acquaintance with the literature of the subject goes, has not been specially discussed. That it is an aspect of sufficient importance to be separately treated, I am disposed to believe; and while I do not expect to treat it exhaustively, I hope to open it for an expression of views that may lead to our mutual and practical advantage.

The civil responsibility of the insane has, I conceive, numerous aspects and relations in which it may be viewed, and is worthy of careful consideration in any direction.

The subject of criminal responsibility is one to be chiefly encountered in the courts, and is determined by

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the careful weighing of evidence, and the application to the individual case of the medico-legal tests laid down in the science of jurisprudence. Upon this part of the subject I feel it would be presumption for me to tread. It has been exhaustively treated by one of the fathers of this Association, and one whose opinions are authority wherever the English tongue is spoken. Before him we all bow in honor, and to his dicta respond, Amen!

But there is to us of the specialty an every-day aspect to this question. We have points arising which involve the query of responsibility or irresponsibility, between the rising and setting of every sun. No court can be convened to settle the point, and personal experience must stand in place of the witness box. Between delusions which modify, and insanity which completely obscures all understanding, there are nice shades of mental responsibility. We recognize the existence of insanity in the total absence of any delusion, in some cases; in others, the existence of a delusion is the only evidence of mental unsoundness, and we know that responsibility in one individual can not be measured by that of another. In this, every man is a law unto himself. Even in the normal state we find varying degrees of individual accountability, as the experience of every one of us will attest.

In the care and management of our households, I think I shall echo the experience of all when I assert that we have to deal with very few totally irresponsible persons. Some individuals are quite responsible at times, and irresponsible at other times. Some are at no time wholly responsible, or wholly irresponsible. Some are responsible in some things, and not so in others. In the courts we are called to give opinions as to the sanity or insanity of persons, but not to deter-

mine their responsibility, except so far as the fact of insanity may bear upon it, in the minds of a jury, who may determine that question in a manner at variance with our own views. But, in point of practice, do we not hold to responsibility those who are under our charge more largely than we are ready to admit? Do we not instinctively recognize more practical responsibility than theoretically we could defend? Do we not find we can trust and depend more upon the insane than we feel safe in admitting? Are we not led by our daily experience in advance of the legal standard of accountability, especially if our effort be to solve by our observations those problems that crowd and press upon the pathway of progress, which I believe we are all treading, and in which we are making steady and sure advances?

If we scrutinize with any minuteness the daily working of our households, we almost surprise ourselves to see how little the regulations which we make for their government recognize irresponsibility. The rules which we establish apply to presumably accountable persons. Such, it is true, are those whom we employ; but these constitute but a fraction of those composing the entire family. Are the great majority, then, outside all rules and regulations? Far from it. They neither feel nor act as if conscious or desirous of being placed in that attitude. The irresponsible are the individual exceptions; the rule is accountability—if not full, at least to a measurable degree. Practically, if not in theory, insanity and irresponsibility are not synonymous terms, in our every-day experience.

It was in the year 1867 that Dr. Earle, of the Northampton Hospital, in Massachusetts, in his annual report for that year, announced to his co-laborers that he had so far burst the bonds of tacit constraint, be-

tween his patients and himself, as to discuss in public assembly the malady under which they were all laboring. Profoundly versed in human nature, he rightly judged that he might discuss the subject even to the minutiae, if he wisely avoided personalities. However explicit and graphic his delineation and illustrations of insanity might be, he was safe if he left their application to his hearers, for all would readily discover their fitness to the cases of their neighbors.

I did not then know, as I do now, the man who thus ventured on forbidden ground, but I do know that his compeers gravely shook their heads at the idea of including, under the caption of secular entertainments, "Typhomania," "Apoplexy," "Paralysis," "Nature, causes and forms of Insanity," for all these appear in the list reported for the year referred to. He himself informs us that, "remembering how cautiously any allusion to the insanity of a person is generally avoided, when in conversation with him, and further still, in view of the prevalent fear of the insane in the popular mind," and "notwithstanding his long experience with this class of persons, the attempt was approached with some doubts and misgivings," but "the event demonstrated the folly of any fear on these grounds."

It will, perhaps, hardly be regarded as a digression, if I refer to another method adopted by our distinguished leader, which, so far as I know, is the outgrowth of his own experience in practical management. I refer to his custom of discussing in open assembly the relations of employes to patients, their duties and shortcomings, and also discoursing upon the requirements of the institutions in respect to the inmates themselves, to the end that the standard rules and principles of household government, might be fully understood, and more readily complied with, by all the members of his complex family.

This idea, new and unique to me when I entered upon the duties of superintendent, I saw the advantages of in theory at once, but believed that the gray hairs of a score of years, at least, would have to be added to my head, before I could venture upon this patriarchal method of family instruction. Year by year however, lessened the objections in my mind to the adoption of the plan of taking a public occasion, to speak of the perplexities and frictions of every-day life, growing out of misunderstanding of responsibilities and relations. Five years brought me to an incidental discourse on the "Evils of a Gossiping Habit," especially, and the importance of a better improvement of time, applicable alike to employes and patients. Another one determined me to close our last winter's course of entertainments, with a carefully considered and prepared lecture, on the "Principles of Household Government in Insane Asylums," dwelling first, particularly upon the qualities most essential in employes for the discharge of their mission, and following with a direct address to the patients, showing that the organization and objects of such institutions were wholly in their interest, and that if to them they seemed to lack much of perfection, still, they must not forget that it was yet the vexed question of the hour, how to reach the individual, and meet his requirements in the fullest manner, that more or less personal sacrifices must be made, and that perhaps in this view, it was the individual that was yet laggard in swinging into line. Finally reminding them that they had something to do with the working out of their own salvation,—that they were not to be passive agents,—and closing with an appeal to them to fight against their tendencies to inaction, reverie, and purposeless thought, assuring them that such effort if made, would not be devoid of benefit,

and would do more than aught else toward enabling them to resist the morbid and chronic complainings, incident to the interchange of individual grievances, which constituted the greatest drawback to the best practical results. In this detail it will be seen that responsibility on the part of the insane was far from being ignored, and I believe it will not be your judgment that it was too far assumed.

I may add that the substance of this address was approved generally by both employes and patients, who in individual expressions afterward gave it hearty endorsement, and so far strengthened me in my view, that I mentally resolved upon an annual repetition of the effort, by devoting one evening in each winter's course of entertainments to the discussion in like manner of those questions of uppermost importance, at the time selected, to the welfare of the household.

At the Vermont Asylum, as at many others I believe, the religious services on Sundays are conducted by the clergymen of the town and immediate vicinity, and I have often been consulted by them as to what kind of sermons would best meet the want of such an audience. My reply has always been, preach what you would to your own people! Do not attempt to adapt yourself to weakened minds! That the insane, if reached at all, are reached by the same means as are the sane, none of us have any reason to question; and barring the doctrinal and emotional elements, the stronger the effort, the better the result. Sharp critics there are among the insane, and quick their perception of any attempt of the preacher to deviate from his direct and natural way to meet the occasion which he misapprehends. The result is usually unsatisfactory to both parties. Thus far I have considered only how far we are practically accustomed to regard

our patients as responsible in respect to the regulations and discipline of an asylum, and it will be seen that we very largely hold them in this light.

But there is a reason for this. We believe it to be for their welfare to assume their responsibility in these respects. It is true that we are obliged every day to recognize irresponsibility in many ways, and to overlook on this score many things; but by the pursuance of this policy, we tend to support and strengthen those in our charge, in respect to accountability, and to develop it out of a doubtful and vacillating state.

I pass in the second place, to an inquiry into the causes of irresponsibility in the insane.

Morbid impulse is often the source of a violent act, and perhaps as completely exempts its unhappy subject from responsibility, as any recognized phase of insanity. From this result homicidal and suicidal acts, tragedies of the most appalling character, which, in some instances, beyond doubt, are as irresistible as an epileptic seizure, and as completely devoid of consciousness, or any distinct impression upon the memory, as a convulsive attack. But morbid impulse may not manifest itself always in explosive acts. It may, in a silent manner, underlie not alone certain acts, but the very life of the individual, leading little by little, and step by step, through a succession of strange and erratic manifestations, to the final complete dethronement of reason and accountability.

Again, responsibility may be completely lost by reason of maniacal excitement, or so modified and weakened by a certain abnormal exaltation, that great allowances must be made, if indeed any degree of accountability can be recognized. So too, the depression of melancholia may completely unseat responsibility, and must, if it exist in any degree, essentially weaken it.

Hallucinations of sense, so common among the chronic insane, also very greatly modify and destroy accountability. Monomania, too, if well pronounced, justly exempts its subject from responsibility, wholly or partially. But it is when we reach those forms of insanity characterized by moral perversions and abnormalities, that we experience the greatest embarrassments. Deficiencies of intellectual power, the most apparent of any phase of insanity, affect responsibility in the clearest manner. These are recognized by the common observation of mankind, and require no words of demonstration or defense. But when along with acute intellect there exists moral idiocy or perversity, it is not so easy to see extenuating conditions. Wherever there is intellectual brightness, it is hard to demonstrate to the common mind, moral imbecility, and the disposition is to regard the individual as knowing better than he behaves, and deserving the consequences of his indiscretions.

We see two classes of cases which give especial perplexity and annoyance in respect to order and discipline, within or without asylums, and for whom the plea of insanity comes like a merciful friend to the rescue. One class are characterized by aggravations of natural traits, and the other by perversions of the normal disposition. In neither class is there notable excitement or depression; neither hallucinations nor monomania, of necessity. In the first class, very often there is an inherited predisposition to the development of insanity; in the latter it less frequently underlies it. The development of cases of the first class is a part of the normal growth of the individual. The headstrong temper, and vicious propensities of the child, grow into and form an adult character out of line with that of the average of mankind. Sullenness and suspiciousness

are more often prominent than frankness and disingenuousness. Their purposes are sinister, rather than direct and open, and if the temper is controlled from violent outbursts, it is only to be manifested in a covert way, and artifice and treachery play actively in the life of the individual. In such we may expect any manifestations, save those actuated by what we term moral principle. Such characters approach, if they do not constitute the criminal type. There is too much method in their acts to exempt them from responsibility altogether, and yet to a certain extent they are irresponsible, inasmuch as they are prompted by innate tendencies as irresistible as those predispositions which underlie the lives of better men. They constitute the class of lunatics justly termed dangerous. Often to faulty constitutional development are superadded delusions or hallucinations. Secretiveness is a dominant feature, and absence of excitement or depression—those variations which characterize the insane state most commonly, are usually wanting. There is, therefore, the power to a greater or less extent—of reasoning, and of calculating the consequences of their acts. Irresponsible they are, in so far as they may be under the dominion of an abnormal mental constitution, or morbid states of delusion, or hallucination, which obscure their power of discriminating between right and wrong, and which interfere with the natural freedom of the will.

More dangerous persons I can not conceive of, than those who, influenced by malignant motives, and lost to all healthy moral sense, are yet capable of seeing the situation in which they are placed, and knowing that their position as inmates of an asylum is one of recognized irresponsibility, coolly, and sometimes openly declare their immunity from the death penalty, or any serious punishment for any crime they might commit

thus circumstanced. The class of religious fanatics, whom Bonaparte most feared, and characterized as most dangerous, surely are not more so, and may be more nearly akin to the class we are noticing than we are aware of, if their histories were thoroughly known and understood.

It is to me the most difficult problem of all to determine the true responsibility of these calculating madmen. Not ten years ago one was under my observation, who well illustrated the condition I have endeavored to portray. Being released from hospital he made good his oft-repeated assertion, that "he'd as lief kill a man as a dog," by shooting in the manner of an assassin, in cold blood, one who had in an indirect way given him offense, or interfered with his plans. This man subsequently ended his own life, by violence, in an asylum. Undoubtedly a mistake was made in his release from confinement. In such cases it is at least safe to act upon the presumption that the man may carry out his avowed threats.

I have learned to *practically* regard all persons as largely accountable, who have so clear an idea of their situations as to presume upon their immunity in respect to criminal acts, from the simple fact of being declared insane. *Theoretically* the insanity of a person I believe may always be questioned, when its subject seeks shelter underneath its protecting shadow.

The second class of troublesome patients are those who seem to delight in insidious and malicious acts, and who are more dangerous as instigators of others, than perpetrators themselves. They glory rather in acts of demoralization, than of violence or blood. Their influence is especially pernicious to the welfare of a household. It often more than counterbalances, for a time, that of the authorities of an asylum. They

seem to take a morbid pleasure in prejudicing the minds of new comers against "the powers that be," and imbuing them with the impression that they "are not ordained of God." The vicious propensities are active, and it is a mooted question whether they really believe the mis-statements they make, hence labor under delusions, or whether they indulge their viciousness from an insane enjoyment of what comes of it.

One illustration of such a type comes to my mind—of an elderly man, quiet and gentlemanly in demeanor, of few words, uniform in respect to freedom from noticeable variations, who could appear rational and reliable on all topics of ordinary discourse; in short, needed to be known long in order to be fully appreciated, but every new person who fell into association with him was for a time misled and injured by him. His favorite method of beginning with new comers, was to relate *Æsop's* fable of "The Fox and the Sick Lion," to indicate to them that they were entrapped, as the beasts were who visited the lion in his cave, whose foot-prints the fox observed "all pointed forwards, and none backwards." The moral was further enforced by the statement of the number of years he had himself been in the lion's den, and by the citation of a number of his fellows who could attest to still longer detention, with no prospect of discharge unless by clandestine aid. Such persons can not be held to very strict accountability. Their moral sense is too far degenerated; but by reason of their pernicious power, their isolation from recent cases becomes, to a great extent, a necessity, if we bear in mind that grand constitutional principle of government, "the securing of the greatest good to the greatest number."

Experience has, I doubt not, convinced all of us that the presence of an adequate motive may greatly

assist self-control. In the daily round of asylum life we constantly observe it. Even the most restless and irritable, will for the sake of some change or indulgence, as the privilege of attending an entertainment, or enjoying a special walk or ride, exercise self-control sufficient for the occasion, and even for a considerable time in anticipation of it. There is no calculating the full influence of even whimsical motives. I was told, some years ago, by the superintendent of an asylum, that a patient of his who recovered from an attack of suicidal melancholia, declared that she was only deterred from the act by the fear that, if she died, her daughter would never get her clothes, especially a silk dress upon which she set great store. If so slight a consideration as this was sufficient to restrain a person from suicide, surely we ought never to fail to press upon our patients all reasonable and proper motives, to sustain them from despair, and incite them to exertion; nor to despair ourselves of reaching, in this way, almost all cases. That responsibility is very largely proportionate to the influence of motives, can hardly be questioned. Is it not one test?

I know of nothing more discouraging to a patient who retains the power of realizing his situation, and reflecting upon it, than the comprehension of the fact that by common consent he is looked upon as incapable of exercising any civil rights that would be valid in common law. Any business transaction performed by an inmate of an asylum, if of any consequence, is not only liable, but almost certain to be questioned or contested. My own experience differs from that of others, if we do not often see that many of our patients are competent to execute many business transactions in a thoroughly sound way; and to the extent of our convictions in this respect, I hold it to be our duty to sustain them in these rights.

As the professional guardians of the insane, our duties are two-fold. Not only should we protect them from the consequences of their insanity, and defend them from acts growing out of their insane state, but so far as we are warranted by the results of our observation, endeavor to establish and advance the standard of responsibility. In respect to our understanding of the laws of human responsibility, I believe we are but in the twilight of the morning. Among ourselves I know no more accurate practical test of our own views, as measured by our own minds, than is indicated in our practice by our use of restraining means, in the broadest application of that term.

With me it is a growing conviction that there is more responsibility existing in the insane than the public supposes, or the common law recognizes; and I believe it to be our duty to support that responsibility in individual cases and in the legal sense to the utmost extent. By sustaining the legal competency of such patients, as we have good reason to believe are competent, notwithstanding their derangement, and supporting them in their civil rights to the fullest practicable extent, I believe we not only wield an additional curative means in their behalf, but put ourselves in the way to lead to more accurate discriminations, whereby the latitude of individual accountability may be gradually extended.

Moral responsibility, no less than legal, is to be held intact, and cultivated. In despair our patient may abandon it, or renounce it in the violent outbursts of distraction, but so long as there remains an appreciation of this principle, let it be upheld by every possible help. In the measurement of individual responsibility we must understand well the machinery that governs, and the springs of action in the human mind. It is true, I

believe, that we have rare opportunities for the observation of human nature in its anatomy, untrammelled in its manifestations by the conventionalities of sane society. We must study to know the working of our patients' minds, and always remember that we may be deceived in supposing a person demented, who is reticent and indifferent to those about him. With total dementia there must co-exist that laxity of personal habits and inattention to the calls of nature which, in the normal state, the individual is never unmindful of, and which, so long as any intelligence remains, will be responded to. In a few instances I have found, to my great surprise, that persons reckoned as demented for long periods of time, and even to some extent indifferent to personal habits, have been simply deluded and careless from preoccupation, but had really observed, and observed correctly, much that had transpired and were correct in memory, so far as observation of facts were concerned. And this leads to the consideration of how far the memory of the insane may be trusted.

Perhaps there is no more vital question in connection with mental responsibility than the competency of the insane as witnesses, and I make it the concluding one in this paper. As a practical question it has to us some very important bearings. In this era of investigation the testimony of the insane has figured in a somewhat prominent manner. The unreflecting public has seemed inclined to accept it, with great credulity. No matter how improbable the story, how inconsistent with the common philanthropy and humanity of our existing civilization, it has seldom been too sensational to be credited. In point of fact such testimony has been found practically unreliable and worthless, under close sifting and the rigid application of rules of law. Submitting the facts to the test of our every-day experi-

ence, do we arrive at any different estimate of it? Certainly we admit it so far as it is corroborated by undisputed evidence, and so far as it tends to corroborate other undoubted testimony; but do we never rely upon it alone, in respect to the establishment of a fact? The response to this, I believe, must be in the language of the popular dramatic satire of the day, "hardly ever." No doubt this point is one upon which every member of this Association has bestowed much thoughtful attention, and some may have arrived at clearer conclusions than the writer of this paper. If so, I trust we shall have the benefit of such conclusions. Speaking for myself, I am not accustomed to prejudge it as worthless, simply by reason of the insanity of the person. In a general way, I believe the memory of insane persons may be relied upon in respect to facts occurring previously to the development of their insanity, and to a very considerable extent regarding facts of observation occurring during the period of their insanity. But in regard to facts relating to themselves, while insane, I believe their testimony must always be taken with allowances. In many instances, it is wholly unreliable. In theory and in practice this holds true in my estimation, as a rule. The existence of pathological conditions, morbid impulse, mental excitement or depression, hallucinations or delusions, emotional disturbances or moral perversity, all conspire to pervert one's apprehension of facts, and to color with extravagant tints, or darken by morbid suspicion and doubt, the motives and acts of others toward themselves. We see constantly, the evidence of this misapprehension of facts. Often in the same individual, we see at different times these opposite feelings manifested. A patient in a state of exaltation, overflows with appreciation, and magnifies the ordinary services which are his just due, into special favors. In

the opposite state, the melancholic or perverse condition, he feels slighted, neglected, persecuted, even when special efforts are made for his comfort and welfare, and unless he recovers, never realizes that the difference and difficulty was with himself, and those whom in the one mood, he lauded as the most faithful and considerate, and in the other, condemned as faithless, inconsiderate, and even abusive, only pursued a uniform course in accordance with the requirements of duty and fidelity in which they had been instructed.

The testimony of fully recovered patients affords to us the most convincing proof of the necessity for extreme caution in receiving their statements, while deranged, in reference to themselves. I doubt not the experience of every one in our specialty will supply illustrative cases in support of this view. When a patient emerges from the mists of insanity, which have for months enshrouded his mental vision, it is like the break of day after a night of wanderings. With the return of self-consciousness, and ability to reflect upon the vagaries the memory recalls, and when a realization of his experiences comes home to him the whole situation is reviewed anew, and from a healthful in lieu of a morbid standpoint. There is then no need to labor to convince him of the judiciousness of his treatment or the necessity for restraint. He rights himself. He wonders at the illusions, the suspicions, the doubts that possessed him, avows, and not unfrequently apologizes for them. After his discharge he writes back grateful letters, and rejoices that he can dismiss the impressions and misconceptions and distrust with which he regarded those who were his custodians and attendants. But if not restored to the normal and healthy state of mind, the morbid feelings continue, and often grow in intensity. We see both these pictures in real life. It

is the morbid impressions of unrecovered patients that fill the popular mind with exaggerated and perverted views of asylums and their management. Honest they undoubtedly are, but their premises are false: their standpoint a quicksand. Those who have previously known these individuals to be persons of truth and veracity, do not doubt their statements, and do not see wherein they are wrong. Our closer acquaintance with them, and more intimate observation of the phases of insanity, enable us to trace all these morbid ideas and feelings to their true source, and lead us, for the best of reasons, to doubt the competency of the insane as witnesses, in respect to their own experiences, when full recovery has not taken place.

It has not been the object of the writer to advance any new standard of mental responsibility, but rather to develop some of the practical aspects of the question. The whole subject, notwithstanding the progress of the nineteenth century, is still in a measure crude in its generalizations. Its final solution must depend much upon the observations of practical men; and those having the care of the insane are entitled to large authority in the matter. The conclusions thus far reached, in their application, happily lean to the side of humanity. Is it too much to presume that, with the further development of the laws of human responsibility, the more exact ends of both mercy and justice may be ultimately attained?

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